

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 <small>(CAND Rev. 07/2024)</small>				TRANSCRIPT ORDER Please use one form per court reporter. Please read instructions on next page. CJA Counsel should NOT use this form. CJA Counsel should request transcripts by submitting a AUTH24 in eVoucher.						COURT USE ONLY DUE DATE:					
1a. CONTACT PERSON FOR THIS ORDER Janette Palaganas				2a. CONTACT PHONE NUMBER 415-693-2366				3. CONTACT EMAIL ADDRESS jpalaganas@cooley.com							
1b. ATTORNEY NAME (if different) Ashley Corkery				2b. ATTORNEY PHONE NUMBER 415-693-2158				3. ATTORNEY EMAIL ADDRESS acorkery@cooley.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Cooley LLP 3 Embarcadero Center, 20th Floor San Francisco, CA 94111				5. CASE NAME In re College Athlete NIL Litigation						6. CASE NUMBER 4:20-cv-03919-CW					
				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form AUTH24 in eVoucher.</u> <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR Marla Knox															
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
9/5/24	CW	Motion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).												12. DATE 9/6/2024			
11. SIGNATURE /s/ Ashley Kemper Corkery															